

# iMedica in Action

## Case Study



How iMedica is enabling doctors to solve their particular issues and achieve greater success, one practice at a time.

### McHorse, Foster and Nutson, LLC

The Austin, Texas practice of McHorse, Foster, and Nutson made a huge leap when it moved from a 15-year-old menu-driven billing program to iMedica Patient Relationship Manager (PRM), an integrated electronic health record (EHR) and practice management (PM) system. Gastroenterologist Dr. Tom McHorse, internists Dr. Nancy Foster and Dr. Peter Nutson, and practice manager Brenda Smith have been delighted with how much iMedica has improved both the practice's financial tracking and its patient records.

A few months after the family practice of McHorse, Foster, and Nutson installed iMedica Patient Relationship Manager, Dr. Nutson went to practice manager Brenda Smith with a concern: His monthly financial report showed more income than he expected. Why?

"Now that we actually get paid for every patient visit, our income is way up," Smith explained to him. "There are no more superbills left in charts. Our coding is more accurate. We had been consistently undercoding, but with the documentation iMedica provides, we can be confident that we're charging correctly. And we see much faster payments."

iMedica<sup>™</sup> Patient Relationship Manager (PRM) has transformed this practice. Its previous practice management (PM) system was 15 years old and aging badly. Smith and the physicians knew they wanted to replace it with electronic health record (EHR) and PM systems that worked together.

The practice reviewed a number of EHR and PM systems, both combined and separate. All of them had technical limitations, a reputation for poor support, or costs too high for a three-doctor practice. Then Smith learned about iMedica PRM.

Bruce Riegel of Multimedia Healthcare Solutions and iMedica came to show the doctors and staff how iMedica PRM works. The physicians appreciated the speed and flexibility of iMedica's innovative template-free design. Administrative staff was impressed by how easy the system is to learn and use, the



capabilities of its single-database design, and the obviously high level of technical support.

### One Summer, Fifteen Years of Progress

Employees had been using 15-year-old menu-driven technology—even using a mouse would be new to them. iMedica and Smith decided to phase in implementation with PM functions first, then add the EHR a month later. Smith remembers, “We couldn’t have managed if the system had been new to everyone at the same time. But I’m glad we didn’t wait longer than a month, because we had to enter charges manually during that time.”

Training for iMedica PRM itself went quickly. Doctors never stopped seeing patients during the PM implementation and initial training, which they accomplished in small groups over three days. For the EHR, the doctors set aside four mornings for training. Smith says, “By the third day, we were running with it.”

Even though this project brought major change, it didn’t take long for everyone to appreciate how much easier their lives were with iMedica PRM. Smith remembers, “By the third month we swore we would never go back.”

### “There’s no comparison!”

iMedica’s biggest financial impact has been in coding and capturing all charges, Smith reports. Because more than half of its patients are on Medicare, the practice has always been

conservative in coding visit levels. Now, with the extra documentation and support iMedica PRM provides, they can confidently enter more accurate charges. The physicians are also using a fuller range of codes, because they aren’t limited by a printed superbill.

Even better than accurate coding is eliminating lost visits. iMedica PRM automatically creates insurance claims directly from each visit—no more superbills left in charts

and left unbilled. There’s no more time spent manually entering charges, and no more lengthy month-end reports. Smith

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—Brenda Smith  
Practice Manager  
McHorse, Foster, and Nutson, LLC

explains, “In our old system, we had to shut down for half a day to run reports, then we couldn’t get to that data anymore. In iMedica, I just put in the dates and click one button.”

Smith adds up the other financial benefits of iMedica PRM: its ability to use a low-cost THIN clearinghouse, saving \$2,000/month in rent for document storage and another \$1,000 in chart paper and printing costs, speeding claims submission and therefore payment, and improving collections.

“We’ve doubled our co-pay collection,” says Smith. “We’re collecting more because we know what patients owe up front. We don’t have to chase down the chart and look it up—the iMedica scheduler tells you.”

### Teaching an Old Doc New Tricks

Dr. McHorse was concerned about using the EHR. He’s 65 years old and had a well-developed charting routine, but he’s “doing great,” says Smith. “Every day, he just gets better.”

All the physicians and nurses use Tablet PCs to chart visits, and Drs. Foster and Nutson also have desktops in their offices. The nurses have their own Tablet PCs that they use to enter vital signs, patient histories, and other data.

Everyone appreciates having all the patient data in one place. “It’s better medicine than playing ‘Where’s the lab report?’,” says Smith. iMedica PRM has two direct lab interfaces: one with Clinical Pathology Laboratories and one with an in-house Vitros analyzer. iMedica places results directly into the patient’s chart and sends the doctor a message in a special “Lab Results” section of his desktop. Doctors and nurses all appreciate iMedica’s e-prescribing feature, which saves them lots of time on both original prescriptions and refills.

iMedica has continued to work with this practice to fine-tune the system. “You get really, really top-notch support,” says Smith. “Everyone has been so very nice and helpful. When we call, we get an answer right away. And when we make a request – Can you change this? Can you change that? – they’ve been very accommodating.”

Bruce Riegel, their VAR, has been very happy to see how successful the practice has been in just six months. He says, “The patient is seen by the nurse and physician, the encounter is documented, the prescription is sent electronically, the service is reviewed, and the claim has already been filed—and it’s just mid-afternoon! Very few systems can do that so well and so quickly.”

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Contact iMedica today!



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